

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-006232

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

AMENDED

FILED FEB 28 1962

Primary Registration District No. 2000

Registrar's No. 300

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY GREENE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY GREENE	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SPRINGFIELD		c. CITY OR TOWN SPRINGFIELD	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1325 E. BLAINE		d. STREET ADDRESS (If outside, give location) 1325 E. BLAINE	
3. NAME OF DECEASED (Type or print) First Middle Last WILLIAM GLENN RICHARDS		4. DATE OF DEATH Month Day Year FEB. 20, 1962	
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7 SEPT. 1911
9. AGE (last birthday) 50		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABOR FOREMAN		10b. KIND OF BUSINESS OR INDUSTRY CONSTRUCTION	
11. BIRTHPLACE (City and state or country) MISSOURI		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME WILLIAM RICHARDS		13b. MOTHER'S MAIDEN NAME CLARA BRENHAMER	
14. NAME OF HUSBAND OR WIFE EDWINNA RICHARDS		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No	
16. SOCIAL SECURITY NO. [REDACTED]		17. INFORMANT EDWINNA RICHARDS (WIFE) Address SPRNGD. MO.	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinomatosis DUE TO (b) Carcinoma of rectum DUE TO (c) [REDACTED] Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH 1 1/2 yrs.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 8-10-61 to 2-20-62 and last saw him alive on 2-19-62 Death occurred at 6:10 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Paul C. Marton (Degree or title) M.D.		22b. ADDRESS 1630 N. Jefferson, Spfg., Mo.	
22c. DATE SIGNED 2-21-62		23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	
23b. DATE 2-22-62		23c. NAME OF CEMETERY OR CREMATORY DANFORTH CEME.	
23d. LOCATION (City, town, or county) GREENE COUNTY, MO.		24. FUNERAL DIRECTOR KLINGNER MORTUARY ADDRESS SPRNGD. MO.	
25. DATE RECD. BY LOCAL REG. 2-23-62		26. REGISTRAR'S SIGNATURE Effie S. McEllen	

(Licensed Embalmer's Statement on Reverse Side)

MAR 5 1962

FEB 27 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Glen D. Williams

Licensed Embalmer No.

4651

P. O. Address

Springfield

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.